



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6913

<b>SERIAL NUMBER</b> 09/512,926	<b>FILING OR 371(c) DATE</b> 02/25/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 17023-010US1
<b>APPLICANTS</b> Fred S. Lamb, Solon, IA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/121,727 02/26/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/02/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> IA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 21
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 6		
<b>ADDRESS</b> 53137				
<b>TITLE</b> Methods to reduce the sensitivity of endothelially-compromised vascular smooth muscle				
<b>FILING FEE RECEIVED</b> 536	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	